TRAVEL VOUCHER OR SUBVOUCHER Read								d Privacy Act Statement, Penalty Statement, and Instructionson back before completing									
1. PAYMENT 2. TYP								E OF PAYMENT (X as applicable)						3. FOR D.O. USE ONLY			
	Electronic Fund Transfer (EFT) Payment by 0				nent by Ch	heck				Member/ Dependent(s)		PCS		a. D.O. VOUCHER NUMBER			
	Split Disbursement: Amt to Govt Tvl Charge Card \$			\$		Н,	DY		-			DLA					
								DE	6. S	6. SSN				b. SUBVC	DUCHER NUME	3ER	
7. ADDRESS. a. NUMBER AND STREET b. CITY									c. STATE d. ZIP CODE					c. PAID B	Y		
8. DAYTIME TELEPHONE NUMBER & 9. TRAVEL ORDER NUMBER								10 PREVIO	0. PREVIOUS GOVERNMENT PAYMENTS/								
S. HOTTE ONDER HOMBER								10.1112110	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		EIII I AII	IIILITTO,					
11. ORGANIZATION AND STATION																	
11. On	GANIZA	TION AND	STATION														
40.00		NT(0) 0(42 DEDEN	DENT	CI AD	DRESS ON R	CCUPT (05				
12. DE	2. DEPENDENT(S) (X and complete as applicable) ACCOMPANIED UNACCOMPANIED					ANIED					Zip Code)	CCEIFI	OF				
					c. DATE OF BIRTH		•										
a. NAME (Last, First, Middle Initial)			b. RELATI	c. DATE OF	BIRTH												
								14. HAVE HOUSEHOLD GOODS BEEN SHIPPED?									
								 									
							YES	YES NO (Explain in Remarks)			rks)	d. COMPUTATIONS					
15. ITI	NERARY	′									T						
a. DAT	re			b. PLACE				c.	c	d.	e.		f.				
u. D/(_										-						
	DEF	0															
	ARF	₹															
	DEF	>															
	ARF	₹															
	DEF)															
	ARF	₹															
	DEF	5															
	ARF	₹															
	DEF	>															
	ARF	₹															
	DEF																
	ARF	₹															
	DEF													e SIIMN	MARY OF PAYN	/FNT	
	ARR													(1) Per Diem			
	DEF														I Expense Allowa	ance	
	ARF													(3) Milea	-	11100	
16 DO				/N/ODEDATE		I I DA	SSENGE	D	Щ,					. ,	ndent Travel		
16. POC TRAVEL (X one) OWN/OPERATE 18. REIMBURSABLE EXPENSES						FF	SSENGE	K		17. DU	JRATION OF	TDY TRA			idenii navei		
			OF EXPENSE		c. AMC	MINT	4 411 0/4	ED		12 HOURS OR LESS		3	(5) DLA (6) Reimbursable Expenses				
20.27112			D. INATURE	C. AIVIC	,OIVI	d. ALLOW	-0					(7) Total		,co			
											MORE THA		UKS		Advance		
											DU1 24 ∏UU	UNO UR I		(8) Less /			
											MORE THA	N 24 HOU	LIRS	(9) Amou			
														(10) Amount Due			
										19. G	9. GOVERNMENT/DEI						h NO 05 15 15
											a. DATE	D.	. NO. OF	MEALS	a. DAT	<u> </u>	b. NO. OF MEALS
									ļ								
AN CHANNEL CONTROL OF THE CONTROL OF																	
20.a. CLAIMANT SIGNATURE b. DATE								21.a. APPR	OVING	OFF.	ICER SIGNAT	IURE					b. DATE
22. AC	COUNT	ING CLASSI	FICATION														
23. CC	LLECTI	ON DATA															
24. CC	MPUTE	DBY	25. AUDITE	D BY		AVEL ORDER STED BY		27. RE	CEIVE	D (Pa	yee Signature	and Date	or Check	(No.)		28. AM	OUNT PAID
			1														